



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

INTEGRA SPECIALTY GROUP PA
8108 FOX CREEK TRAIL
DALLAS TX 75249

Respondent Name

AMERICAN CASUALTY CO OF READING

Carrier's Austin Representative

Box Number 47

MFDR Tracking Number

M4-06-2820-01

MFDR Date Received

December 27, 2005

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The carrier did provide the original response EOB's for the outstanding dates of service. However, the carrier failed to provide the request for reconsideration response EOB's for the outstanding dates of service."

Amount in Dispute: \$6,060.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Carrier denied reimbursement for services billed under CPT Code 97140 (manual therapy)... because these service are global to the 99204, 99211, 99212, and/or 99213 charge for an office visit evaluation, as well as global to and included within Carrier's reimbursement for other modalities billed on the same date of service... With regard to the 97851 muscle testing charges, 95851 range of motion testing charges, and 95833 manual muscle testing charges billed by Provider...Carrier denied reimbursement because these services are global to an included within the charge for 99213 and/or 99212 office visit evaluation... Provider billed Carrier for fourteen (14) sessions of CPT Code 97110, which the 1996 Medical Fee Guideline (MFG) described as 'therapeutic procedure, one or more area, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility'... Code 97110 has been routinely interpreted as covering only therapy in which the doctor or therapist has direct, one-to-one contact with the patient for the entire therapy session. In this case, Provider has submitted no documentation to establish why one-to-one physical therapy was warranted in Claimant's situation... All other CPT Codes were paid pursuant to the Medical Fee Guideline and pursuant to the negotiated contract between Provider and Carrier."

Response Submitted by: Stone, Loughlin & Swanson, LLP

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 24, 2005 through June 22, 2005	Office visits, motion analysis studies, muscle testing, therapeutic procedures, manual therapy, application of modality and range of motion	\$6,060.00	\$1,828.30

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.202 sets out the fee guidelines for professional services provided between August 1, 2003 and March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- G – Unbundling.
- 509-001 – Correct coding initiative bundle guidelines indicate this code is a mutually exclusive code, considered included in another code on the same day.
- 509 – Correct coding initiative bundle guidelines indicate this code is a comprehensive component of another code on the same day.
- C – Negotiated contract price.
- 100 – Any network reduction is in accordance with the network reference above.
- 113-001 – Network import re-pricing-contracted provider.
- F – Fee guideline MAR reduction.
- 663 – reimbursement has been calculated according to state fee schedule guidelines.

Issues

1. Was the workers' compensation insurance carrier entitled to pay the health care provider at a contracted rate?
2. Did the requestor bill in conflict with the NCCI edits?
3. Is the requestor entitled to reimbursement?

Findings

1. The insurance carrier reduced disputed services with reason code(s) "C – Negotiated contract price", "100 – Any network reduction is in accordance with the network reference above", and "113-001 – Network import re-pricing-contracted provider." Review of the submitted information found insufficient documentation to support that the disputed services were subject to a contractual fee arrangement between the parties to this dispute. Nevertheless, on August 30, 2012 the Division requested the respondent to provide a copy of the referenced contract as well as documentation to support that the insurance carrier had been given access to the contracted fee arrangement.

The insurance carrier indicates in the position summary dated September 7, 2012 "The network listed in the EOBs is the Aetna WC Access Bridge. Aetna had an agreement with Concentra Integrated Services allowing Concentra access to Aetna's network. Concentra was the bill review agent that issued the EOBs for American Casualty Company, which is one of the CNA Insurance Companies." The insurance carrier did not submit a copy of a contract between the insurance carrier and the requestor, therefore, the insurance carrier is not entitled to pay the health care provider at a contracted fee. Consequently, the disputed services will be reviewed for payment in accordance with applicable Division rules and fee guidelines.

2. Per 28 Texas Administrative Code §134.202 "(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a service is provided with any additions or exceptions in this section."

The division completed NCCI edits to identify edit conflicts that may potentially affect reimbursement. The following was identified:

Date of service, January 24, 2005. The requestor disputes non-payment of CPT code 97140. The requestor billed the following CPT codes; 97140, 97012, 97032 and 99204. The following was identified per CCI Guidelines, "Procedure Code 97140 has a CCI conflict with Procedure Code 97012. Review documentation to determine if a modifier is appropriate." Review of the submitted documentation finds that the requestor has not appended a modifier to consider with the billing of CPT code 97140, as a result, reimbursement is not recommended for CPT code 97140.

Date of service, January 26, 2005. The requestor disputes non-payment of CPT code(s) 95831, 96004, 97012, 97032, 97110, 97140 and 99213. The requestor billed the following CPT codes; 99213, 97110, 97140, 97012, 97032, 96004 and 95831. Per CCI Guidelines, "Procedure Code 97140 has a CCI conflict with Procedure Code 97012. Review documentation to determine if a modifier is appropriate," and "Procedure code 95831 has a CCI Conflict with Procedure Code 99213. A modifier is not allowed." The requestor is therefore not entitled to reimbursement for CPT codes 97140 and 95831. The remaining CPT codes 96004, 97012, 97032, 97110 and 99213 will be reviewed pursuant to 28 Texas Administrative Code §134.202.

Date of service, January 28, 2005. The requestor disputes non-payment of CPT code(s) 95831, 95833, 96004, 97032, 97110, 97140 and 99213. The requestor billed the following CPT codes; 99213, 97110, 97140, 97032, 96004, 95833 and 95831. Per CCI Guidelines "Per CCI Guidelines, Procedure Code 95833 has a CCI Conflict with Procedure Code 99213. A modifier is not allowed," "Per CCI Guidelines, Procedure Code 95831 has a CCI Conflict with Procedure Code 95833. A modifier is not allowed," Per CCI Guidelines, Procedure Code 97140 has a CCI conflict with Procedure Code 95833. Review documentation to determine if a modifier is appropriate." The requestor is therefore not entitled to reimbursement for CPT codes 97140, 95831 and 95833. The remaining CPT codes 96004, 97032, 97110 and 99213 will be reviewed pursuant to 28 Texas Administrative Code §134.202.

Date of service, January 31, 2005. The requestor disputes non-payment of CPT code 97140. The requestor billed the following CPT codes; 97110, 97140, 97012 and 97032. Per CCI Guidelines "Per CCI Guidelines, Procedure Code 97140 has a CCI conflict with Procedure Code 97012. Review documentation to determine if a modifier is appropriate." The requestor is therefore not entitled to reimbursement for CPT code 97140.

Date of service, February 2, 2005. The requestor disputes non-payment of CPT code(s) 97012, 97110, 97140 and 99213. The requestor billed the following CPT codes; 99213, 97110, 97140 and 97012. Per CCI Guidelines "CCI Guidelines, Procedure Code 97140 has a CCI conflict with Procedure Code 97012. Review documentation to determine if a modifier is appropriate." The requestor is therefore not entitled to reimbursement for CPT code 97140. The remaining disputed CPT codes 97012, 97110 and 99213 will be reviewed pursuant to 28 Texas Administrative Code §134.202.

Date of service, February 4, 2005. The requestor disputes non-payment of CPT code 97140. The requestor billed the following CPT codes; 99213, 97110, 97140, 97012 and 97032. Per CCI Guidelines "Per CCI Guidelines, Procedure Code 97140 has a CCI conflict with Procedure Code 97012. Review documentation to determine if a modifier is appropriate." The requestor is therefore not entitled to reimbursement for CPT code 97140.

Date of service, February 8, 2005. The requestor disputes non-payment of CPT code 97140. The requestor billed the following CPT codes; 99213, 97110, 97140, 97012 and 97032. Per CCI Guidelines "Per CCI Guidelines, Procedure Code 97140 has a CCI conflict with Procedure Code 97012. Review documentation to determine if a modifier is appropriate." The requestor is therefore not entitled to reimbursement for CPT code 97140.

Date of service, February 10, 2005. The requestor disputes non-payment of CPT code(s) 95851 and 97140. The requestor billed the following CPT codes; 99213, 97110, 97140, 97012, 97032, 97035, 96004 and 95851. Per CCI Guidelines "Per CCI Guidelines, Procedure Code 97140 has a CCI conflict with Procedure Code 97012. Review documentation to determine if a modifier is appropriate," and "Per CCI Guidelines, Procedure Code 95851 has a CCI conflict with Procedure Code 97140. Review documentation to determine if a modifier is appropriate", and "Per CCI Guidelines, Procedure Code 95851 has a CCI Conflict with Procedure Code 99213. A modifier is not allowed." The requestor is therefore not entitled to reimbursement for CPT codes 97140 and 95851.

Date of service, February 15, 2005. The requestor disputes non-payment of CPT code 97140. The requestor billed the following CPT codes; 99213, 97110, 97140, 97012 and 97032. Per CCI Guidelines "Per CCI Guidelines, Procedure Code 97140 has a CCI conflict with Procedure Code 97012. Review documentation to determine if a modifier is appropriate." The requestor is therefore not entitled to reimbursement for CPT code 97140.

Date of service, February 17, 2005. The requestor disputes non-payment of CPT code(s) 95831, 95833, 96004, 97012, 97032, 97110, 97140 and 99213. The requestor billed the following CPT codes; 99213, 97110, 97140, 97012, 97032, 96004, 95833 and 95831. Per CCI Guidelines "Per CCI Guidelines, Procedure Code 95833 has a CCI Conflict with Procedure Code 99213. A modifier is not allowed," "Per CCI Guidelines, Procedure Code 97140 has a CCI conflict with Procedure Code 97012. Review documentation to determine if a modifier is appropriate" and "Per CCI Guidelines, Procedure Code 95831 has a CCI Conflict with Procedure Code 95833. A modifier is not allowed." The requestor is therefore not entitled to reimbursement for CPT codes 97140, 95831 and 95833. The remaining disputed CPT codes 96004, 97012, 97032, 97110 and 99213 will be reviewed pursuant to 28 Texas Administrative Code §134.202.

Date of service, February 22, 2005. The requestor disputes non-payment of CPT code(s) 97012, 97032, 97110, 97140 and 99213. The requestor billed the following CPT codes; 99213, 97110, 97140, 97012 and 97032. Per CCI Guidelines "Per CCI Guidelines, Procedure Code 97140 has a CCI conflict with Procedure Code 97012. Review documentation to determine if a modifier is appropriate." The requestor is therefore not entitled to reimbursement for disputed CPT code 97140. The remaining disputed CPT codes 97012, 97032, 97110 and 99213 will be reviewed pursuant to 28 Texas Administrative Code §134.202.

Date of service, February 24, 2005. The requestor disputes non-payment of CPT code(s) 97012, 97032, 97110, 97140 and 99213. The requestor billed the following CPT codes; 99213, 97110, 97140, 97012 and 97032. Per CCI Guidelines "Per CCI Guidelines, Procedure Code 97140 has a CCI conflict with Procedure Code 97012. Review documentation to determine if a modifier is appropriate." The requestor is therefore not entitled to reimbursement for disputed CPT code 97140. The remaining disputed CPT codes 97012, 97032, 97110 and 99213 will be reviewed pursuant to 28 Texas Administrative Code §134.202.

Date of service, February 28, 2005. The requestor disputes non-payment of CPT code(s) 97012, 97032, 97110, 97140 and 99213. The requestor billed the following CPT codes; 99213, 97110, 97140, 97012 and 97032. Per CCI Guidelines "Per CCI Guidelines, Procedure Code 97140 has a CCI conflict with Procedure Code 97012. Review documentation to determine if a modifier is appropriate." The requestor is therefore not entitled to reimbursement for disputed CPT code 97140. The remaining disputed CPT codes 97012, 97032, 97110 and 99213 will be reviewed pursuant to 28 Texas Administrative Code §134.202.

Date of service, March 2, 2005. The requestor disputes non-payment of CPT code(s) 97012, 97032, 97110, 97140 and 99213. The requestor billed the following CPT codes; 99213, 97110, 97140, 97012 and 97032. Per CCI Guidelines "Per CCI Guidelines, Procedure Code 97140 has a CCI conflict with Procedure Code 97012. Review documentation to determine if a modifier is appropriate." The requestor is therefore not entitled to reimbursement for disputed CPT code 97140. The remaining disputed CPT codes 97012, 97032, 97110 and 99213 will be reviewed pursuant to 28 Texas Administrative Code §134.202.

Date of service, March 8, 2005. The requestor disputes non-payment of CPT code 97140. The requestor billed the following CPT codes; 99213, 97110, 97140, 97012 and 97032. Per CCI Guidelines "Per CCI Guidelines, Procedure Code 97140 has a CCI conflict with Procedure Code 97012. Review documentation to determine if a modifier is appropriate." The requestor is therefore not entitled to reimbursement for disputed CPT code 97140.

Date of service, March 15, 2005. The requestor disputes non-payment of CPT code(s) 97012, 97032, 97110, 97140 and 99213. The requestor billed the following CPT codes; 99213, 97110, 97140, 97012 and 97032. Per CCI Guidelines "Per CCI Guidelines, Procedure Code 97140 has a CCI conflict with Procedure Code 97012. Review documentation to determine if a modifier is appropriate." The requestor is therefore not entitled to reimbursement for disputed CPT code 97140. The remaining disputed CPT codes 97012, 97032, 97110 and 99213 will be reviewed pursuant to 28 Texas Administrative Code §134.202.

Date of service, March 22, 2005. The requestor disputes non-payment of CPT code 97140. The requestor billed the following CPT codes; 99213, 97110, 97140, 97012 and 97032. Per CCI Guidelines "Per CCI Guidelines, Procedure Code 97140 has a CCI conflict with Procedure Code 97012. Review documentation to determine if a modifier is appropriate." The requestor is therefore not entitled to reimbursement for disputed CPT code 97140.

Date of service, March 24, 2005. The requestor disputes non-payment of CPT code(s) 95851 and 97140. The requestor billed the following CPT codes; 99213, 97110, 97140, 97012, 97032, 96004 and 95851. Per CCI Guidelines "Per CCI Guidelines, Procedure Code 97140 has a CCI conflict with Procedure Code 97012. Review documentation to determine if a modifier is appropriate, "Per CCI Guidelines, Procedure Code 95851 has a CCI Conflict with Procedure Code 99213. A modifier is not allowed", and "Per CCI Guidelines, Procedure Code 95851 has a CCI conflict with Procedure Code 97140. Review documentation to determine if a modifier is appropriate." The requestor is therefore not entitled to reimbursement for disputed CPT codes 95851 and 97140.

Date of service, March 28, 2005. The requestor disputes non-payment of CPT code 97140. The requestor billed the following CPT codes; 97140, 97012 and 97750-FC. Per CCI Guidelines "Per CCI Guidelines, Procedure Code 97140 has a CCI conflict with Procedure Code 97012. Review documentation to determine if a modifier is appropriate." The requestor is therefore not entitled to reimbursement for disputed CPT code 97140.

Date of service, June 7, 2005. The requestor disputes non-payment of CPT code(s) 97032, 97140 and 99211. The requestor billed the following CPT codes; 97140, 97032 and 99211. Per CCI Guidelines "No edit conflicts identified." The disputed charges, CPT codes 97140, 97032 and 99211 will be reviewed pursuant to 28 Texas Administrative Code §134.202.

Date of service, June 15, 2005. The requestor disputes non-payment of CPT code(s) 97140 and 99213. The requestor billed the following CPT codes; 99213, 97140, 97032, 97012, 97035 and 97112. Per CCI Guidelines "Per CCI Guidelines, Procedure Code 97140 has a CCI conflict with Procedure Code 97012. Review documentation to determine if a modifier is appropriate." The requestor is therefore not entitled to reimbursement for CPT code 97140. The remaining disputed CPT code 99213 will be reviewed pursuant to 28 Texas Administrative Code §134.202.

Date of service, June 22, 2005. The requestor disputes non-payment of CPT code 97140. The requestor billed the following CPT codes; 99213, 97140, 97012, 97032, 97035, 97112. Per CCI Guidelines "Per CCI Guidelines, Procedure Code 97140 has a CCI conflict with Procedure Code 97012. Review documentation to determine if a modifier is appropriate." The requestor is therefore not entitled to reimbursement for disputed CPT code 97140.

3. Per 28 Texas Administrative Code §134.202 "(c) To determine the maximum allowable reimbursements (MARs) for professional services system participants shall apply the Medicare payment policies with the following minimal modifications."

Per 28 Texas Administrative Code §134.202"(1) for service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Surgery, Radiology, and Pathology the conversion factor to be used for determining reimbursement in the Texas workers' compensation system is the effective conversion factor adopted by CMS multiplied by 125%. For Anesthesiology services, the same conversion factor shall be used.

Per 28 Texas Administrative Code §134.202 "(d) In all cases, reimbursement shall be the least of the: (1) MAR amount as established by this rule; (2) health care provider's usual and customary charge; or, (3) health care provider's workers' compensation negotiated and/or contracted amount that applies to the billed service(s)."

Review of the submitted documentation finds that:

Date of service, January 26, 2005. The requestor disputes non-payment of CPT code(s) 95831, 96004, 97012, 97032, 97110, 97140 and 99213. The requestor is not entitled to reimbursement for CPT codes 97140 and 95831. The remaining CPT codes 96004, 97012, 97032, 97110 and 99213 will be reviewed pursuant to 28 Texas Administrative Code §134.202.

- The MAR reimbursement for CPT code 96004 is \$155.25, minus the insurance carrier payment of \$94.43, equals \$60.82, the requestor seeks \$58.32, and therefore this amount is recommended.
- The MAR reimbursement for CPT code 97012 is \$19.01, minus the insurance carrier payment of \$12.39, equals \$6.62, and therefore this amount is recommended.
- The MAR reimbursement for CPT code 97032 is \$20.53 x 2 units equals \$41.06, minus the insurance carrier payment of \$27.36, equals \$13.70. The requestor seeks \$13.04, and therefore this amount is recommended.
- The MAR reimbursement for CPT code 97110 is \$36.14 x 3 units equals \$108.42, minus the insurance carrier payment of \$70.65, equals \$37.77, therefore this amount is recommended.
- The MAR reimbursement for CPT code 99213 is \$68.31. The requestor seeks \$68.24, and therefore this amount is recommended.

Date of service, January 28, 2005. The requestor disputes non-payment of CPT code(s) 95831, 95833, 96004, 97032, 97110, 97140 and 99213. The requestor is not entitled to reimbursement for CPT codes 97140, 95831 and 95833. The remaining CPT codes 96004, 97032, 97110 and 99213 will be reviewed pursuant to 28 Texas Administrative Code §134.202.

- The MAR reimbursement for CPT code 96004 is \$155.25, minus the insurance carrier payment of \$94.43, equals \$60.82, the requestor seeks \$58.32, and therefore this amount is recommended.
- The MAR reimbursement for CPT code 97032 is \$20.53 x 2 units equals \$41.06, minus the insurance carrier payment of \$27.36, equals \$13.70. The requestor seeks \$13.04, and therefore this amount is recommended.
- The MAR reimbursement for CPT code 97110 is \$36.14 x 3 units equals \$108.42, minus the insurance carrier payment of \$70.65, equals \$37.77, therefore this amount is recommended.
- The MAR reimbursement for CPT code 99213 is \$68.31. The requestor seeks \$68.24, and therefore this amount is recommended.

Date of service, February 2, 2005. The requestor disputes non-payment of CPT code(s) 97012, 97110, 97140 and 99213. The requestor is not entitled to reimbursement for CPT code 97140. The remaining disputed CPT codes 97012, 97110 and 99213 will be reviewed pursuant to 28 Texas Administrative Code §134.202.

- The MAR reimbursement for CPT code 97012 is \$19.01, minus the insurance carrier payment of \$12.39, equals \$6.62, and therefore this amount is recommended.
- The MAR reimbursement for CPT code 97110 is \$36.14 x 3 units equals \$108.42, minus the insurance carrier payment of \$70.65, equals \$37.77, therefore this amount is recommended.
- The MAR reimbursement for CPT code 99213 is \$68.31. The requestor seeks \$68.24, and therefore this amount is recommended.

Date of service, February 17, 2005. The requestor disputes non-payment of CPT code(s) 95831, 95833, 96004, 97012, 97032, 97110, 97140 and 99213. The requestor is not entitled to reimbursement for CPT codes 97140, 95831 and 95833. The remaining disputed CPT codes 96004, 97012, 97032, 97110 and 99213 will be reviewed pursuant to 28 Texas Administrative Code §134.202.

- The MAR reimbursement for CPT code 96004 is \$155.25, the requestor seeks reimbursement in the amount of \$152.75, and therefore this amount is recommended.
- The MAR reimbursement for CPT code 97012 is \$19.01, and therefore the requestor is entitled to reimbursement in the amount of \$19.01.
- The MAR reimbursement for CPT code 97032 is \$20.53 x 2 units equals \$41.06, the requestor seeks reimbursement in the amount of \$40.40, and therefore this amount is recommended.
- The MAR reimbursement for CPT code 97110 is \$36.14 x 3 units equals \$108.42, and therefore the requestor is entitled to reimbursement in the amount of \$108.42.
- The MAR reimbursement for CPT code 99213 is \$68.31 the requestor seeks reimbursement in the amount of \$68.24, and therefore this amount is recommended.

Date of service, February 22, 2005. The requestor disputes non-payment of CPT code(s) 97012, 97032, 97110, 97140 and 99213. The requestor is not entitled to reimbursement for disputed CPT code 97140. The remaining disputed CPT codes 97012, 97032, 97110 and 99213 will be reviewed pursuant to 28 Texas Administrative Code §134.202.

- The MAR reimbursement for CPT code 97012 is \$19.01, and therefore the requestor is entitled to reimbursement in the amount of \$19.01.
- The MAR reimbursement for CPT code 97032 is \$20.53 x 2 units equals \$41.06, the requestor seeks reimbursement in the amount of \$40.40, and therefore this amount is recommended.
- The MAR reimbursement for CPT code 97110 is \$36.14 x 3 units equals \$108.42, and therefore the requestor is entitled to reimbursement in the amount of \$108.42.
- The MAR reimbursement for CPT code 99213 is \$68.31 the requestor seeks reimbursement in the amount of \$68.24, and therefore this amount is recommended.

Date of service, February 24, 2005. The requestor disputes non-payment of CPT code(s) 97012, 97032, 97110, 97140 and 99213. The requestor is not entitled to reimbursement for disputed CPT code 97140. The remaining disputed CPT codes 97012, 97032, 97110 and 99213 will be reviewed pursuant to 28 Texas Administrative Code §134.202.

- The MAR reimbursement for CPT code 97012 is \$19.01, minus the insurance payment of \$12.39 equals \$6.62, and therefore this amount is recommended.
- The MAR reimbursement for CPT code 97032 is \$20.53 x 2 units equals \$41.06, minus the insurance payment of \$27.36 equals \$13.70. The requestor seeks \$13.04, and therefore this amount is recommended.
- The MAR reimbursement for CPT code 97110 is \$36.14 x 3 units equals \$108.42, minus the insurance payment of \$70.65 equals \$37.77. Therefore, this amount is recommended.
- The MAR reimbursement for CPT code 99213 is \$68.31, the requestor seeks reimbursement in the amount of \$68.24, and therefore this amount is recommended.

Date of service, February 28, 2005. The requestor disputes non-payment of CPT code(s) 97012, 97032, 97110, 97140 and 99213. The requestor is not entitled to reimbursement for disputed CPT code 97140. The remaining disputed CPT codes 97012, 97032, 97110 and 99213 will be reviewed pursuant to 28 Texas Administrative Code §134.202.

- The MAR reimbursement for CPT code 97012 is \$19.01, minus the insurance payment of \$12.39 equals \$6.62, and therefore this amount is recommended.
- The MAR reimbursement for CPT code 97032 is \$20.53 x 2 units equals \$41.06, minus the insurance payment of \$27.36 equals \$13.70. The requestor seeks \$13.04, and therefore this amount is recommended.
- The MAR reimbursement for CPT code 97110 is \$36.14 x 3 units equals \$108.42, minus the insurance payment of \$70.65 equals \$37.77. Therefore, this amount is recommended.
- The MAR reimbursement for CPT code 99213 is \$68.31, the requestor seeks reimbursement in the amount of \$68.24, and therefore this amount is recommended.

Date of service, March 2, 2005. The requestor disputes non-payment of CPT code(s) 97012, 97032, 97110, 97140 and 99213. The requestor is therefore not entitled to reimbursement for disputed CPT code 97140. The remaining disputed CPT codes 97012, 97032, 97110 and 99213 will be reviewed pursuant to 28 Texas Administrative Code §134.202.

- The MAR reimbursement for CPT code 97012 is \$19.01, minus the insurance payment of \$12.39 equals \$6.62, and therefore this amount is recommended.
- The MAR reimbursement for CPT code 97032 is \$20.53 x 2 units equals \$41.06, minus the insurance payment of \$27.36 equals \$13.70. The requestor seeks \$13.04, and therefore this amount is recommended.
- The MAR reimbursement for CPT code 97110 is \$36.14 x 3 units equals \$108.42, minus the insurance payment of \$70.65 equals \$37.77. Therefore, this amount is recommended.
- The MAR reimbursement for CPT code 99213 is \$68.31, the requestor seeks reimbursement in the amount of \$68.24, and therefore this amount is recommended.

Date of service, March 15, 2005. The requestor disputes non-payment of CPT code(s) 97012, 97032, 97110, 97140 and 99213. The requestor is therefore not entitled to reimbursement for disputed CPT code 97140. The remaining disputed CPT codes 97012, 97032, 97110 and 99213 will be reviewed pursuant to 28 Texas Administrative Code §134.202.

- The MAR reimbursement for CPT code 97012 is \$19.01, and therefore the requestor is entitled to reimbursement in the amount of \$19.01.
- The MAR reimbursement for CPT code 97032 is \$20.53 x 2 units equals \$41.06, the requestor seeks reimbursement in the amount of \$40.40, and therefore this amount is recommended.
- The MAR reimbursement for CPT code 97110 is \$36.14 x 3 units equals \$108.42, and therefore the requestor is entitled to reimbursement in the amount of \$108.42.
- The MAR reimbursement for CPT code 99213 is \$68.31 the requestor seeks reimbursement in the amount of \$68.24, and therefore this amount is recommended.

Date of service, June 7, 2005. The requestor disputes non-payment of CPT code(s) 97032, 97140 and 99211. The requestor billed the following CPT codes; 97140, 97032 and 99211. Per CCI Guidelines "No edit conflicts identified." The disputed charges, CPT codes 97140, 97032 and 99211 will be reviewed pursuant to 28 Texas Administrative Code §134.202.

- The MAR reimbursement for CPT code 97140 is \$34.16, the requestor seeks \$34.13, and therefore this amount is recommended.
- The MAR reimbursement for CPT code 97032 is \$20.53 x 2 units equals \$41.06, the requestor seeks reimbursement in the amount of \$40.40, and therefore this amount is recommended.
- The MAR reimbursement for CPT code 99211 is \$28.28, the requestor seeks \$27.86, and therefore, this amount is recommended.

Date of service, June 15, 2005. The requestor disputes non-payment of CPT code(s) 97140 and 99213. The requestor is not entitled to reimbursement for CPT code 97140. The remaining disputed CPT code 99213 will be reviewed pursuant to 28 Texas Administrative Code §134.202.

- The MAR reimbursement for CPT code 99213 is \$68.01, minus the insurance payment of \$54.06 equals \$13.95, and therefore, this amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$1,828.30.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$1,828.30 plus applicable accrued interest per 28 Texas Administrative Code §134.803, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

Date

March 20, 2014

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.